

State of North Carolina
Department of Environment,
Health and Natural Resources
Winston-Salem Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary



DIVISION OF WATER QUALITY
GROUNDWATER SECTION

March 17, 1997

CERTIFIED MAIL: P-536 311 413
RETURN RECEIPT REQUESTED

Jerrold Britvan
New York Carpet World
3435 Myer Lee Drive
Winston-Salem, NC 27101

SUBJECT: Underground Storage Tank (UST) Closure Assessment at New York Carpet World, 3435 Myer Lee Drive, Winston-Salem, Forsyth County:

Dear Mr. Britvan:

The Groundwater Section of the Winston-Salem Regional Office is now reviewing the UST closure assessment for the subject location. The Groundwater Section must be provided with the following information to allow for a final review:

- Info need 3/17/97* → A. the disposal manifest for the tank(s) OR the address of the person/company the tank(s) were transferred to, along with their letter of acceptance.

The above referenced items appear to be missing from the closure report. Your cooperation in submittal of this required information is appreciated. Submission of these items will allow for a final review and consideration for closeout of the subject site. Please be advised that failure to submit the requested item(s) specified in this letter will result in our inability to close your site.

If sampling was requested, it must be conducted according to current guidelines. All soil/groundwater sample analyses must be accompanied by a chain-of-custody and the sampling protocol. *Please note that all subsurface investigative work is now required to be supervised by a North Carolina Licensed Geologist or Professional Engineer, with all reports signed and sealed by that professional.* Please refer to the file name, **New York Carpet**

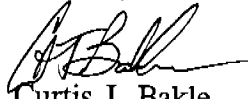
585 Woughtown Street
Winston-Salem, North Carolina 27107-2241
Voice 910-771-4600



FAX 910-771-4632
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World, on the cover letter of your reply. This will help us speed up the review. If you have any questions, please contact me at the letterhead address and/or telephone number.

Sincerely,


Curtis J. Bakle
Environmental Engineer

cc: Regional Office Files

P-536 311 413

RECEIPT FOR MAILING
NO INSURANCE COVERED
NOT RECOMMENDED FOR
(See Reverse)

Sent to _____
Street and No. _____

SENDER: *New York Carpet-Closure Assessment*

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Jerrold Britvan
New York Carpet World
2435 Myer Lee Drive
Winston-Salem, N.C. 27101

4a. Article Number
P-536-311-413

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Robin Patterson

7. Date of Delivery
3-19-97

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?